

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080265 (9)

1. Corporation Name

AMERICAN APPLIANCES OF OCALA, INC.



Principal Place of Business

6156 SW STATE ROAD 200
OCALA FL 34476

Mailing Address

6156 SW STATE ROAD 200
OCALA FL 34476

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6156 SW STATE ROAD 200

Suite, Apt. #, etc.

22

City & State
OCALA FL

Zip
34476

Country
USA

2a. Mailing Address

26 6156 SW STATE ROAD 200

Suite, Apt. #, etc.

27

City & State
OCALA FL

Zip
34476

Country
USA

3. Date Incorporated or Qualified
10/28/1994

3a. Date of Last Report
01/25/1996

4. FEI Number
59-3276083

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GROSS, BONNIE
6156 SW STATE ROAD 200
OCALA FL 34476

10. Name and Address of New Registered Agent

81 Name
GROSS, BONNIE

82 Street Address (P.O. Box Number is Not Acceptable)
6156 SW STATE ROAD 200

83

84 City
OCALA FL

FL

85 Zip Code
34476

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 21/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME 6156 VELTEN, THOMAS
STREET ADDRESS 6156 SW STATE ROAD 200
CITY-ST-ZIP OCALA FL 34476 34476

TITLE ☐ DELETE

NAME 6156 GROSS, BONNIE
STREET ADDRESS 6156 SW STATE ROAD 200
CITY-ST-ZIP OCALA FL 34476 34476

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

July 21/97

CR2E034 (4/97)